



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) 02307U-132310US
Client Ref: NEOME-015A

FY 2005

(fees effective on or after October 1, 2004)

Application Number 10/052,473

Filed January 18, 2002

For MINIMALLY INVASIVE GLAUCOMA
SURGICAL TREATMENT AND METHOD

Art Unit 3739

Examiner FARAH, AHMED M

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | <u>Fee</u> | <u>Small Entity Fee</u> | |
|---|------------|-------------------------|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110 | \$55 | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$430 | \$215 | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$980 | \$490 | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1530 | \$765 | \$ _____ |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2080 | \$1040 | \$1040 |

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).☒ attorney or agent of record. Registration Number 29,541☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____



Signature

James M. Heslin, Reg. No. 29,541

Typed or printed name

October 21, 2004

Date

650-326-2400

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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